

Vonda M. Wallace  
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/830750

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		83					55						
6	1						56						
7	1						57						
8		2					58						
9		2					59						
10		82					60						
11		82					61						
12	1						62						
13		1					63						
14		1					64						
15		3					65						
16	1						66						
17		1					67						
18		2					68						
19	1						69						
20		1					70						
21		2					71						
22							72						
23							73						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						